



College of Pharmacy  
Office for Student Affairs

### PLEDGE OF PROFESSIONALISM

*As a student of pharmacy, I believe there is a need to build and reinforce a professional identity founded on integrity, ethical behavior, and honor. This development, a vital process in my education, will help ensure that I am true to the professional relationship I establish between society and myself, as I become a member of the pharmacy community. Integrity will be an essential part of my everyday life and I will practice pharmacy with honesty and commitment to service.*

*To accomplish this goal of professional development, I as a student of pharmacy will:*

- A. DEVELOP a sense of loyalty and duty to the profession by contributing to the well being of others and by enthusiastically accepting the responsibility and accountability for membership in the profession.*
- B. FOSTER professional competency through life-long learning. I will strive for high ideals, teamwork, and unity within the profession in order to provide optimal patient care.*
- C. SUPPORT my colleagues by actively encouraging personal commitment to the Oath of the Pharmacist and a Code of Ethics as set forth by the profession.*
- D. DEDICATE my life and practice to excellence. This will require an ongoing reassessment of personal and professional values.*
- E. MAINTAIN the highest ideals and professional attributes to insure and facilitate the covenantal relationship required of the pharmaceutical caregiver.*

*The profession of pharmacy is one that demands adherence to a set of rigid ethical standards. These high ideals are necessary to insure the quality of care extended to the patients I serve. As a student of pharmacy, I believe this does not start with graduation; rather, it begins with my membership in this professional college community. Therefore, I will strive to uphold these standards as I advance toward full membership in the profession.*

*I voluntarily make this pledge of professionalism.*

Name (print clearly): \_\_\_\_\_

UF-ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return in the included envelope to:**

Office for Student Affairs  
College of Pharmacy  
Attn: Conditional Admissions  
P.O. Box 100495  
Gainesville, FL 32610-0495